

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/01/03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 01999 on date of service 10/18/02. The respondent denied payment based on "F-reduced according to Fee Guideline".

### **II. RATIONALE**

CPT code 01999 does not have a maximum allowable reimbursement (MAR) amount, therefore documentation of procedure is required. The procedure notes for this date support delivery of service. The requestor did not provide redacted EOBs from carriers in the same geographical region to show fair & reasonable reimbursement for the same or similar service. The requestor did not support a need for a change in reimbursement per the 1996 Medical Fee Guideline General Instructions Ground Rule III and Section 413.011 (b). Reimbursement is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Decision is hereby issued this 23<sup>rd</sup> day of July 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

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